

FILED APR 7 1950

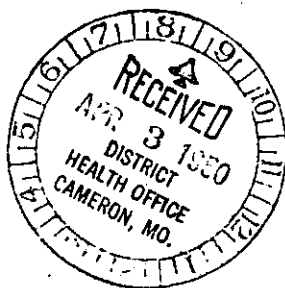
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9787

BIRTH NO. _____		REG. DIST. NO. 250		PRIMARY REG. DIST. NO. 4376		Registrar's No. 12	
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Guilford</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Guilford</u>		074	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Jane</u>		b. (Middle) <u>Ann</u>		c. (Last) <u>Thompson</u>	
4. DATE OF DEATH		_____		5. DATE OF BIRTH		_____	
6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. AGE (In years last birthday)		9. AGE (In years last birthday)	
<u>Female</u>		<u>Widowed</u>		<u>83</u>		<u>8</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>housewife</u>		<u>housewife</u>		<u>Guilford - Missouri</u>		<u>Am-</u>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE		_____	
<u>Adam S. Clannahan</u>		<u>Nancy E. Chandler</u>		<u>deceased</u>		_____	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME		ADDRESS	
<u>no</u>		<u>none</u>		<u>Mrs. Mary E. Martin</u>		<u>Guilford - Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>LOBAR PNEUMONIA</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CARDIAC DECOMPENSATION & PULMONARY EDEMA</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 DAYS</u> <u>1 YR.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>APRIL 9</u> , 19 <u>49</u> , to <u>MAR 23</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>MAR 23</u> , 19 <u>50</u> , and that death occurred at <u>8:25 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Paul J. Kadule</u>		23b. ADDRESS <u>M.D.</u>		23c. DATE SIGNED <u>3/29/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-1-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Graves Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Guilford Mo</u>	
DATE REC'D BY LOCAL REG. <u>March 30-50</u>		REGISTRAR'S SIGNATURE <u>Mrs. Edna C. Cawshaw</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. M. H. H. H.</u>		ADDRESS <u>Marionville Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *G M Little*

Licensed Embalmer No. 2279

P. O. Address Mayfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.